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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : DAQA ACCOUNTING INC.
Account Number : I20210000190
Phone : (786)431-1561
Fax Number : (786)364-0121

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
RAH THERAPY SERVICE CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: RAH THERAPY SERVICE CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address9026 NW 120TH TerraceHIALEAH, FL 33018

Mailing address, if different is:

9026 NW 120TH TerraceHIALEAH, FL 33018**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ROXANGELES AFA HERNANDEZ, PRESIDE Name and Title: _____Address: 9026 NW 120TH TerraceHIALEAH, FL 33018

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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ATX1

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ROXANGELES AFA HERNANDEZ.

Address: 9026 NW 120TH Terrace

HIALEAH, FL 33018

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: ROXANGELES AFA HERNANDEZ.

Address: 9026 NW 120TH Terrace


HIALEAH, FL 33018

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 9/27/2022 (OPTIONAL)

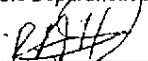
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

	_____	9/27/2022
Required Signature/Registered Agent		Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

	_____	9/27/2022
Required Signature/Incorporator		Date

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